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00	V 281	Return of Organization Exempt From Income	Гах	OMB No 1545-0047
 49		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private for	undations)	2016
artment of Ah		Do not enter social security numbers on this form as it may be made public	<i>II II / /</i> I	Open to Public
nal Revenue		Information about Form 990 and its instructions is at www.irs.gov/form/990 ar year, or tax year beginning FEB 28, 2017 and ending JUN 30.	2017	Inspection
		ar year, or tax year beginning FEB 28, 2017 and ending JUN 30, organization		
heck if oplicable.	C Name of	organization D Employer	identification	on number
Address	NATI	ONAL REDISTRICTING ACTION FUND		
Name change			82-073	8281
initial return		and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone		
Final return/ termin-		13TH STREET NW, SUITE 600	602-32	
ated Amended		own, state or province, country, and ZIP or foreign postal code		1,150,000.
Jreturn TApplica-	WASI	INGTON, DC 20005 H(a) Is this a for subcommunication of the subcommunication	• .	
jtion pending		3 G	ordinates? ordinates include	Yes X No
ax-exen	npt status			(see instructions)
	. ► N/A	H(c) Group e		•
orm of o	rganization:	Corporation Trust X Association Other ▶ L Year of formation: 2	017 M St	ate of legal domicile; DC
	Summary			
		e the organization's mission or most significant activities: THE NATIONAL REDI		LNG
_		FUND SEEKS TO RAISE AWARENESS OF RACIAL AND PAR		<u>-</u> -
		 if the organization discontinued its operations or disposed of more than 25% of it inq members of the governing body (Part VI, line 1a) 	3	3
		ependent voting members of the governing body (Part VI, line 1b)	4	3
		of individuals employed in calendar year 2016 (Part V, line 2a)	5	0
6 To	otal number	of volunteers (estimate if necessary)	6	5
7 a To	otal unrelate	d business revenue from Part VIII, column (C), line 12	7a	0.
b N	et unrelated	business taxable income from Form 990-T, line 34	7b	0.
• •		Prior Yea	<u>r</u>	Current Year 1,150,000.
		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)		0.
	•	come (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		0.
		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and (F))		0.
12 To	otal revenue	add lines 8 through 11 (must equal Part VIII, column (A), Mine 12. 7 (CIE		1,150,000.
		nilar amounts paid (Part IX, column (A), lines 1-3)		0.
	•	to or for members (Part IX, column (A), line 4)		0.
		compensation, employee benefits (Part IX, column (A), lines 5-10)		0.
		undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ■ 0	, , , , ,	
		es (Part IX, column (A), lines 11a-11d, 11f-24e)		0.
	-	s Add lines 13-17 (must equal Part IX, column (A), line 25)		0.
	levenue less	expenses Subtract line 18 from line 12		1,150,000.
		Beginning of Curre	ent Year	End of Year
		Part X, line 16)		1,150,000.
		(Part X, line 26) fund balances. Subtract line 21 from line 20		1,150,000.
	Signature			1,130,000.
		I declare that I have examined this return, including accompanying schedules and statements, and to the I	est of my kno	wledge and belief, it is
		Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	-	,
7		miwan	5 · 15	. 18
ر ال	-	e of officer Date		
e		Y WARD, PRESIDENT, CEO, MEMBER orint name and title		
			heck	PTIN
	Print/Type pre PATRICI	Preperer's signature A A. O'MALLEY, CPA of use of Malley		P00285909
	Firm's name			2-1186096
_	Firm's address			
			e no. 301 –	564-3636
				Yes X No

yro

Form	990 (2016) NATIONAL REDISTRICTING ACTION FUND	82-0738281	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check If Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE NATIONAL REDISTRICTING ACTION FUND SEEKS TO RAISE A		
	RACIAL AND PARTISAN GERRYMANDERING THROUGH ADVOCACY AND	EDUCATIONAL	
	MEANS THAT HAVE AN IMPACT. THE ACTION FUND WILL ENGAGE	IN WORK THAT	
	AFFECTS THE REDISTRICTING PROCESS, INCLUDING MONITORING	THE NATIONAL	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services'	? Yes	XNo
3	If "Yes," describe these changes on Schedule O.	163	140
	Describe the organization's program service accomplishments for each of its three largest program services, a	s manaurad by avanaga	
4			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses, al	na
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 0. including grants of \$ 0.) (Rev		0.)
	ENGAGE IN ADVOCACY AND EDUCATIONAL EFFORTS RELATED TO T	HE REDISTRICT	ING
	OF FEDERAL ELECTORAL BOUNDARIES.		<u>.</u>
			·
		<u> </u>	
			
			
			
			
4b	(Code) (Expenses \$) (Rev	enue \$)
			
			
4c	(Code) (Expenses \$	enue \$)
			
			
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$	1	
40	Total program service expenses		

_			
Form	990	(2016)	

NATIONAL REDISTRICTING ACTION FUND

	Checklist of	Donate should	N - I I- I
USIT IV	I CDOCKIET AT	HACHIIFACT	SCHAMILLAG
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	•		Yes	<u>No</u>
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5_		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		77
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		77
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		v
_	Schedule D, Part III	_8_		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	•		v
40	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		X
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		^
• •	as applicable.	· · ·	array	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
ŭ	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>_X</u> _
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	·		
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			77
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	<u>X</u>
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	146		x
1E	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15		15		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_,_		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		X
			agn	2242

	·		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			ı
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ł		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	}		
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		,	
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	•		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	i		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			•
^^	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions).	000	a de la compansión de l	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		Х
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	-23-		
•	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2016)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	İ		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b_	X	
7	Organizations that may receive deductible contributions under section 170(c).	, " . r	~ ^	1.
а	· ·	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		.
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
е		7e		ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-
g		7g 7h		
h	<u> </u>	711		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		1
_	sponsoring organization have excess business holdings at any time during the year?	۳		
9	The state of the s	9a		
a	D. Lit.	9b		
10	Section 501(c)(7) organizations. Enter.			
а	102			
b	40h]		
11	Section 501(c)(12) organizations. Enter:	1		ł
a	2 Land Control of the			l
b	(Department of the property of		İ	
	amounts due or received from them.)	<u> </u>		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.	1]	
t	Enter the amount of reserves the organization is required to maintain by the states in which the			İ
	organization is licensed to issue qualified health plans	4		
	Enter the amount of reserves on hand 13c	ļ		<u> </u>
148	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
	H "Voe " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b	ļ	1

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 3 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes." did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done 13 X Did the organization have a written whistleblower policy? ... 13 X Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed -Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) Another's website X Upon request Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: PERKINS, COIE LLP - 202-654-1740 700 13TH STREET, SUITE 600, NW. WASHINGTON, 20005

Form 990 (2016)	

NATIONAL REDISTRICTING ACTION FUND

82-0738281

Page 7

Rart VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons.

Check this box if neither the organization (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos	ition	than c	ne	Reportable	Reportable	Estimated
	hours per week	box	, unle:	ss per	son :	s bott r/trus	an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KELLY WARD	1.00									_
PRESIDENT, CEO, MEMBER	40.00	X	-	X	ļ	<u> </u>		0.	0.	0.
(2) ELISABETH PEARSON	1.00	١	l			1		1		
MEMBER	2.00	X	<u> </u>	<u> </u>	-			0.	0.	0
(3) MITCH STEWART	1.00	-		.		}		1		0
TREASURER & MEMBER	2.00	X		Х				0.	0.	0
		1_		_						
	 	}					i			
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			-	-	-		-			<u> </u>

Section A. Officers, Directors, Trust	ees, Key Em	Νουξ	es,	and	Hig	ghes	n Co	ompensated Employee	s (continued)				
` (A)	(B)	1		_ (0	-			(D)	(E)	- 1		(F)	
Name and title	Average	(do		Posi heck i		l than o	one	Reportable	Reportable]	Es	tımate	i d
	hours per	DOX.	unles	s per	son :	s both	ı an	compensation	compensation	- 1		ount (of
	week (list any	\vdash					, 	from	from related	- [other	
	hours for	l gal				_		the organization	organizations (W-2/1099-MISC	, l	•	oensa om the	
	related	5 8	stee			safe		(W-2/1099-MISC)	(***27 1033-141130	"丨		anizatı	
	organizations	ig l	al tru		ag.	m bei	ļ	(**************************************			•	l relate	
	below	individual trustee or director	institutional trustee	e.	Key employee	Highest compensated employee	쿌				orga	nızatı	ons
	line)	ģ	tusti	Officer	Key	분별	Former						
		1 1			ĺ				•	- 1			
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		1 1		ļ						İ			
1b Sub-total							▶	0.		0.			0.
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)							>	0.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ıose	liste	d at	oove	e) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													0
									•			Yes	No
3 Did the organization list any former officer,	director, or tri	ustee	e, ke	y en	nplo	yee,	orl	highest compensated er	nployee on				Ĺ
line 1a? If "Yes," complete Schedule J for s	uch indıvıdual									. [3		X
4 For any individual listed on line 1a, is the su	ım of reportab	le co	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
and related organizations greater than \$150	0,000? If "Yes	, " co	mple	ete S	Sche	edule	e J f	or such individual			4		X
5 Did any person listed on line 1a receive or a									dual for services				
rendered to the organization? If "Yes." con	plete Schedul	e J fe	or su	ıch i	oers	on					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	depe	ndei	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of compe	ensat	ion fro	m	
the organization. Report compensation for	the calendar y	ear e	ndır	ng w	uth c	or wi	thin	the organization's tax y	ear.				
(A)							- 1	(B)	1		(C		
Name and business	address	NC	INC	3			_	Description of s	ervices	C	omper	nsatio	n
							- 1		}				
							- 1		1				
					_	_							
]						
							T						
							_ [
2 Total number of independent contractors (i	ncluding but n	ot lin	nrtec	to to	thos	se lis	ted	above) who received me	ore than				
\$100,000 of compensation from the organi	_					0	_			_			
											Form 9	വവ ഗ	2016

	Check if Schedule O contains a response or note to any line	e in this Part VIII	· · · · · · · · · · · · · · · · · · ·	(0)	(D)
•	Once, in Contract	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f	1,150,000.			
O d	n Total. Add lifes 1a-11 Business Code				
Program Service Revenue					
-	g Total. Add lines 2a-2f		, ,		,
	Investment income (including dividends, interest, and other similar amounts)			ν · · · · · · · · · · · · · · · · · · ·	
	6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)			, ,	3
	7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses (i) Securities (ii) Other				/
	c Gain or (loss)		سد سي سي		A -AM VIII
Other Revenue	d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a				
ther	b Less direct expenses b	<u> </u>			
ŏ	9 a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns	•			
	and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Cod	de		 	
	11 a b c				
	e Total. Add lines 11a-11d	·		 	. 0.
_	12 Total revenue. See instructions.	<u>р,150,000</u>	0.	. 0	Form 990 (2016)

Secu	on 50 (C)(3) and 50 (C)(4) organizations must complete Check if Schedule O contains a respons		=	ilbiete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	j			
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				L
b	Legal				
c	Accounting .				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			•	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology .				
15	Royalties				
16	Occupancy			 	
17	Travel	<u></u>			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	<u> </u>				
b		 			
C			L		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	0.	0.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		}		
	educational campaign and fundraising solicitation.)	,	
	Check here rf following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to any line in this Part X	······································		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	1	1,150,000.
!	2	Savings and temporary cash investments		2	
]	3	Pledges and grants receivable, net		3	
1	4	Accounts receivable, net		4	
1	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete	1		
Assets		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined und	ler		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribute	ang		
		employers and sponsoring organizations of section 501(c)(9) voluntary	i		
	1	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventones for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis Complete Part VI of Schedule D 10a		}	
	b	Less: accumulated depreciation . 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	0.	16	1,150,000.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to current and former officers, directors, trustees		-	
Liabilities		key employees, highest compensated employees, and disqualified persons			
lab		Complete Part II of Schedule L		22	·
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	.	24	
	25	Other liabilities (including federal income tax, payables to related third			
	i	parties, and other liabilities not included on lines 17-24). Complete Part X of]		
		Schedule D	<u> </u>	25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here X a	nd [
Ses	~~	complete lines 27 through 29, and lines 33 and 34.	<u> </u>		1 150 000
anc	27	Unrestricted net assets		27	1,150,000.
Bal	28	Temporarily restricted net assets	ł	28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
F		Organizations that do not follow SFAS 117 (ASC 958), check here	-		
ō	20	and complete lines 30 through 34. Capital stock or trust principal, or current funds			
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
N N	32 33	Total and accepts on Every disclosures	1	33	1,150,000.
	34	Total liabilities and net assets/fund balances	0.	34	1,150,000.
		The state of the s	<u> </u>	_	

	990 (2016) NATIONAL REDISTRICTING ACTION FUND	<u>82-07</u>	<u> 38281</u>	Pag	_{1e} 12			
Par	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>		_				
		l l						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,150	0,00	<u> </u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2			0.			
3	Revenue less expenses. Subtract line 2 from line 1	3	1,150	0,00	00.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities							
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	1,150	0,0	00.			
Pai	Part XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X			
				Yes	No			
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		.					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			1			
	separate basis, consolidated basis, or both		1 1	Ę	i l			
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?	•	2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			* * -			
	consolidated basis, or both.		, , ,		· ,			
	Separate basis Consolidated basis Both consolidated and separate basis		· 5"	.	1 m			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	┝╌┦					
	review, or compilation of its financial statements and selection of an independent accountant?	· ···	2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		1		¥-			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt	-		لت			
	Act and OMB Circular A-133?		_3a		_X_			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit] _]		1			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	3b	000				
			Form	330	(2016)			

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ➤ Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Inspection

Employer identification number Name of the organization NATIONAL REDISTRICTING ACTION FUND 82-0738281 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: GERRYMANDERING THROUGH ADVOCACY AND EDUCATIONAL MEANS. THE ACTION FUND WILL ENGAGE IN WORK THAT AFFECTS THE REDISTRICTING PROCESS, INCLUDING MONITORING THE NATIONAL CENSUS ACTIVITY AND PARTNERING WITH OTHER ORGANIZATIONS ON RELEVANT WORK. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CENSUS ACTIVITY AND PARTNERING WITH OTHER ORGANIZATIONS ON RELEVANT WORK. FORM 990, PART VI, SECTION A, LINE 6: MEMERSHIP SHALL CONSIST OF NO FEWER THAN THREE MEMBERS. MEMBERSHIP IS FOR TWO YEARS BUT CAN BE RENEWED. FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS ARE ADMITTED UPON THE UNANIMOUS VOTE OF OTHER MEMBERS FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES. FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION'S MANAGEMENT AND LEGAL COUNSEL REVIEW FORM 990 PRIOR TO ITS SUBMISSION WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C:

THE STAFF SIGNS A CONFLICT OF INTEREST POLICY ACKNOWLEDGEMENT UPON BEING

Name of the organization NATIONAL REDISTRICTING ACTION FUND	Employer identification number 82~0738281
HIRED.	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS AVAILABLE UPON REQUEST.	
FORM 99, PART XII, LINE 2B	
THE AUDIT IS IN PROGRESS.	
	····

Page 2

Schedule O (Form 990 or 990-EZ) (2016)

2016 Open to Public Inspection OMB No 1545-0047 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. ► Attach to Form 990. NATIONAL REDISTRICTING ACTION FUND Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part

Employer identification number 82-0738281Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt ε End-of-year assets Total income Legal domicile (state or foreign country) Primary activity <u>e</u> Name, address, and EIN (if applicable) of disregarded entity

organizations during the tax year.							
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	(b)(13) led ?
of related organization		toreign country)		501(c)(3))		Yes	ş
NATIONAL REDISTRICTING FOUNDATION -					VATIONAL		
82-0757693, PO BOX 7456 , WASHINGTON, DC					REDISTRICTING	;	
20044	CHARITABLE ORGANIZATION	DISTRICT OF COLUMBIA 501(C)(3)		LINE 10	ACTION FUND	×	
							•
	•						
	1						
	-						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

Page 2 82-0738281

> NATIONAL REDISTRICTING ACTION FUND Schedule R (Form 990) 2016

General or Percentage managing ownership Schedule R (Form 990) 2016 (i) Section 512(b)(13) controlled entity? Yes Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. ₹ Percentage ownership Yes No Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets 6 Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) છ (d)
| Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity æ Name, address, and EIN of related organization Name, address, and EIN of related organization

832162 09-06-16

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				>	Yes No	اه
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more rela	ated organizations listed in	Parts II-IV?			
a Receipt of (I) interest, (II) annuities, (iii) royalties, or (iv) rent from a controlled entity				18	×	ا
b Gift, grant, or capital contribution to related organization(s)				1 b	×	ا
c Gift, grant, or capital contribution from related organization(s)				10	×	
d Loans or loan quarantees to or for related organization(s)				PF	×	١.,
				ţ	*	١.
 Loans of loan guarantees by related organization(s) 				16		
f Dividends from related organization(s)				#	×]
g Sale of assets to related organization(s)				19	×	1
h Purchase of assets from related organization(s)				4	X	اا
I Exchange of assets with related organization(s)				ij	X	اا
Juease of facilities, equipment, or other assets to related organization(s)				Ŧ	×	اا
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	ا
I Performance of services or membership or fundraising solicitations for related organization(s)	nızation(s)			=	×	ا۔
m Performance of services or membership or fundraising solicitations by related organization(s)	ıization(s)			£	×	ا
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			ŧ	×	Ì
o Sharing of paid employees with related organization(s)				10	X	
p Reimbursement paid to related organization(s) for expenses				1	×	ا. ا
				10	X	١.,
				種類		âŽ
r Other transfer of cash or property to related organization(s)				+	×	ا _ ا
s Other transfer of cash or property from related organization(s)				18	X	ا۔
for inform	ho must complete this	s line, including covered re	nation on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
				Ì	}	1
(1)						1
(2)						1
						Ì
(3)						- 1
(4)						1
(5)						
,						ſ
632163 09-06-16			Schedul	Schedule R (Form 990) 2016	90) 201	9

82-0738281

Page 4

Schedule R (Form 990) 2016 NATIONAL REDISTRICTING ACTION FUND

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

				 ٠.	
(k) Percentage ownership					Schedule R (Form 990) 2016
(j) General or managing partner? Yes NO			 	 	Form
Gen Gen Dar Yes	_				
(h) (i) (j) (k) Ospropor- Lionale amount in box 20 managing ownership ves No (Form 1065) ves No					Schedul
(h) Disproportionate allocations? Yes No					
S					
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all partners sec 501(s)(3) orgs 7 Yes No					
er So	<u> </u>				
(d) Predominant income prelated, unrelated, excluded from tax undersections 512-514)					
(c) Legal domicile (state or foreign country)					
vity					
(b) Primary activity					
(a) Name, address, and EIN of entity					

Schedule R	(Form 990) 2016	NATIONAL	REDISTRICTING	ACTION FUND	82-0738281 Page 5
Part VII	(Form 990) 2016 Supplemental Infor	mation.			Tage 5
	- Provide additional informa	ation for recognic	s to questions on Schedule F	2 See instructions	
	Provide additional informa	ation for responses	to questions on Schedule F	A See instructions.	
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